

20427 U.S. PTO
032204

PTO/SB/50 (06-03)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	023070-010111US
	First Named Inventor	SPINDLER
	Original Patent Number	6,406,853 B1
	Original Patent Issue Date (Month/Day/Year)	June 18, 2002
	Express Mail Label No.	EV 330859034 US

APPLICATION FOR REISSUE OF:
(check applicable box)

☒ Utility Patent

☐ Design Patent

☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. 1.175)(PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. ☒ Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53)
☒ 37 C.F.R. 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. ☐ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
11. ☐ Original Patent Grant
☐ Ribbioned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration (if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
17. Other: Certificate of Correction

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number	20350	OR <input type="checkbox"/> Correspondence address below
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax

NAME Kevin L. Bastian |  Registration No. (Attorney/Agent) 34,774

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2

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REISSUE APPLICATION FEE TRANSMITTAL FORM							Docket Number (Optional) 023070-010111US	
Claims as Filed – Part 1								
	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee		Rate	Fee
Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(A) 26	(B) 16	**** 0=	X\$9=	0	or	X\$=	
	(C) 1	(D) 1	* 0=	X\$43=	0		X\$=	
				Basic Fee (37 CFR 1.16(h))				\$
				Total Filing Fee			OR	\$
Claims as Amended – Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee		Rate
Total Claims (37 CFR 1.16(j))	*** 16	MINUS	** 20	* =	X\$=		X\$=	
Independent Claims (37 CFR 1.16(i))	*** 1	MINUS	***** 3	=	X\$=		X\$=	
				Total Additional Fee		\$385	OR	\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 27 CFR 1.27.

☒ Please charge Deposit Account No. 20-1430 in the amount of \$ 385.00.
A duplicate copy of this sheet is enclosed.

☐ The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.
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☐ A check in the amount of \$ _____ to cover the filing/additional fee is enclosed.

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March 22, 2004
Date

34,774
Registration Number, if applicable

Signature of Applicant, Attorney or Agent of Record

Kevin L. Bastian
Typed or printed name

UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION

PATENT NO. : 6,406,853 B1
DATED : June 18, 2002
INVENTOR(S) : Spindler

Page 1 of 1

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Column 1,

Lines 4 and 5, delete "U.S. application Ser. No. 09/471,225" and replace with
-- U.S. application Ser. No. 09/471,224 --.



Attest:

Brenda Moore

Attesting Officer

Signed and Sealed this

Twenty-sixth Day of November, 2002

A handwritten signature in black ink, appearing to read "James E. Rogan", written over a horizontal line.

JAMES E. ROGAN
Director of the United States Patent and Trademark Office